

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/555381

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		2					55						
6		2					56						
7		2					57						
8	1	1					58						
9	1						59						
10	1						60						
11	1						61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16	1						66						
17	1						67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27	1						77						
28	1						78						
29	1						79						
30							80						
31							81						
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33							83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	28	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	38						TOTAL CLAIMS						

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